

AGENCY ID (ORI) SA GA0310100		CLAYTON COUNTY POLICE INCIDENT REPORT		CASE NUMBER 13017078	
				<input type="checkbox"/> CORRECTED REPORT	
EVENT	INCIDENT TYPE			INCIDENT CODE	COUNTS
	Pimping			16-06-11	2
	Enticing a child for indecent purposes			16-06-05	2
	Interference with custody			16-05-45	2
COMPLAINANT	INCIDENT LOCATION			CITY	STATE
	7385 Hannover Parkway N, room 123, Stockbridge, GA., 30281				
	INCIDENT DATE			TIME	DATE
	03-20-13			1200	03-22-13
VICTIM	COMPLAINANT'S NAME			RACE	SEX
	Det. T. A. Lewis				
	STREET ADDRESS			RESIDENCE NUMBER	BUSINESS NUMBER
	7911 N. McDonough St			/	770-477-3747
OFFENDER # 1	CITY			STATE	ZIP CODE
	Jonesboro			GA	30236
	VICTIM'S NAME			RACE	SEX
	Juvenile				
VEHICLE	STREET ADDRESS			RESIDENCE NUMBER	BUSINESS NUMBER
	CITY			STATE	ZIP CODE
PROPERTY	WARRANT			LICENSE OR I.D. # / STATE ISSUED	EMPLOYER OR OCCUPATION
				/	Clayton County P. D.
	ARREST			CHARGES	COUNTS
ADM.	TOTAL NUMBER ARRESTED			ARRESTED AT OR NEAR OFFENSE SCENE	OFFENSE DATE
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
	NAME			RACE	SEX
CLEAR	STREET ADDRESS			HEIGHT	WEIGHT
	CITY			STATE	ZIP CODE
NARRATIVE	CHARGES			LICENSE OR I.D. # / STATE ISSUED	EMPLOYER OR OCCUPATION
	VEHICLES			CURRENCY, NOTES, ETC.	JEWELRY, PREC. METALS
	STOLEN				
NARRATIVE	RECOVERED			FURS	IF RECOVERY REPORT, JURISDICTION OF THEFT
	CLOTHING			OFFICE EQUIPMENT	TV, RADIO, ETC.
	STOLEN				
NARRATIVE	RECOVERED			HOUSEHOLD GOODS	DATE OF THEFT
	FIREARMS			CONSUMABLE GOODS	LIVESTOCK
	STOLEN				
NARRATIVE	RECOVERED			OTHER	TOTAL
	GCIC ENTRY			WARRANT	MISSING PERSONS
	VEHICLE			ARTICLE	BOAT
NARRATIVE	GUN			SECURITIES	
	REQUIRED DATA FIELDS			CLEARED BY ARREST	EXCEPTIONALLY CLEARED
	FOR CLEARANCE REPORT			DEPT. CLEARED	UNFOUNDED
NARRATIVE	DATE OF CLEARANCE			ADULT	JUVENILE
	053013				
	REPORTING OFFICER			NUMBER	APPROVING OFFICER
	Det. T. A. Lewis			18842	10946
NARRATIVE	WHITE/RECORDS			CANARY/COMPUTER	PINK/CID
	GOLDENROD/CLEARANCE REPORT			050702	

AGENCY ID (ORI)

SA

GA0310100



001005

CLAYTON COUNTY POLICE
SUPPLEMENTAL REPORT

CASE NUMBER

13017078

☐ CORRECTED REPORT☒ ORIGINAL REPORT☐ SUPPLEMENTAL REPORT

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and victim # 2 (case # 13015624) being active runaways they were taken into custody. Further investigation revealed witness () to be located in room 223. did agree to come to Central Headquarters for a voluntary interview. and both victims were transported to Central Headquarters where they were all interviewed. All three subjects independently stated they were being assisted by the suspect. They stated they would provide the suspect with a partial or full amount of the earnings they made from sex. They advised the suspect would provide them with supplies (condoms, ky jelly, food), and offer protection.

I was able to gather a phone number for the suspect. I did contact the suspect and he agreed to come to Central Headquarters for a voluntary interview. The suspect did arrive at Central Headquarters at approximately 2350 hours where he was interviewed. The suspect was released after the interview.

There will be further investigation in this case. See CID case file for further. Both victims were released to their parents (see separate runaway reports for further). was transported back to the Days Inn after her interview. No further.

REPORT - NARRATIVE

CLEAR

CASE STATUS: ☒ ACTIVE☐ CLEARED BY ARREST☐ EX. CLEARED☐ DEPT. CLEARED☐ UNFOUNDED

REPORT DATE

03-28-13

REPORTING OFFICER

Det. T. A. Lewis

NUMBER

18842

APPROVING OFFICER


L.T. R. Hunter

NUMBER

10946

WHITE/RECORDS ☐CANARY/COMPUTER ☐PINK/CID ☐GOLDENROD/CLEARANCE REPORT ☐

070101

AGENCY ID (ORI) GA0310100		 00100501		CLAYTON COUNTY POLICE SUPPLEMENTAL - PERSONS		CASE NUMBER 13017078	
<input type="checkbox"/> SA		<input checked="" type="checkbox"/> ORIGINAL REPORT		<input type="checkbox"/> SUPPLEMENTAL REPORT		CORRECTED REPORT PAGE 3 OF 3	
<input type="checkbox"/> SUSPECT INFORMATION		<input type="checkbox"/> JUVENILE INFORMATION		<input type="checkbox"/> OTHER CONFIDENTIAL			

PERSON #	SUSPECT	NAME	RACE	SEX	AGE	DATE OF BIRTH
	<input type="checkbox"/>		W	F	18	
	OFFENDER	STREET ADDRESS	RESIDENCE NUMBER		BUSINESS NUMBER	
	<input type="checkbox"/>		/			
	VICTIM	CITY	STATE	ZIP CODE	LICENSE OR I.D. #/STATE ISSUED	EMPLOYER OR OCCUPATION
	<input type="checkbox"/>					
	WITNESS	IF INDIVIDUAL IS A JUVENILE, PROVIDE PARENT NAME AND PHONE NUMBER BELOW:				
	<input checked="" type="checkbox"/>					
PERSON #	COMPLAINANT	ADDITIONAL INFORMATION:				
	<input type="checkbox"/>					
	JUVENILE					
	<input type="checkbox"/>					
	WANTED	OFFENDER CHARGES / ADDITIONAL CHARGES				
	<input type="checkbox"/>					
	WARRANT					
	<input type="checkbox"/>					
ARREST						
<input type="checkbox"/>						

COMPLETE THE FOLLOWING FOR SUSPECT, OFFENDER, AND MISSING PERSONS ONLY	
HEIGHT <input type="text"/>	WEIGHT <input type="text"/>
HAIR <input type="text"/>	EYES <input type="text"/>

COUNTS	OFFENSE CODE	OFFENSE/ARREST	JURISDICTION
<input type="text"/>	<input type="text"/>	<input type="text"/>	1. CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	2. COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	3. STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	4. OUT OF STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	5. UNKNOWN

PERSON #	SUSPECT	NAME	RACE	SEX	AGE	DATE OF BIRTH
	<input type="checkbox"/>					
	OFFENDER	STREET ADDRESS	RESIDENCE NUMBER		BUSINESS NUMBER	
	<input type="checkbox"/>					
	VICTIM	CITY	STATE	ZIP CODE	LICENSE OR I.D. #/STATE ISSUED	EMPLOYER OR OCCUPATION
	<input type="checkbox"/>					
	WITNESS	IF INDIVIDUAL IS A JUVENILE, PROVIDE PARENT NAME AND PHONE NUMBER BELOW:				
	<input type="checkbox"/>					
PERSON #	COMPLAINANT	ADDITIONAL INFORMATION:				
	<input type="checkbox"/>					
	JUVENILE					
	<input type="checkbox"/>					
	WANTED	OFFENDER CHARGES / ADDITIONAL CHARGES				
	<input type="checkbox"/>					
	WARRANT					
	<input type="checkbox"/>					
ARREST						
<input type="checkbox"/>						

COMPLETE THE FOLLOWING FOR SUSPECT, OFFENDER, AND MISSING PERSONS ONLY	
HEIGHT <input type="text"/>	WEIGHT <input type="text"/>
HAIR <input type="text"/>	EYES <input type="text"/>

COUNTS	OFFENSE CODE	OFFENSE/ARREST	JURISDICTION
<input type="text"/>	<input type="text"/>	<input type="text"/>	1. CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	2. COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	3. STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	4. OUT OF STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	5. UNKNOWN

ADDITIONAL INFORMATION					

CLEAR	CASE STATUS: <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EX. CLEARED <input type="checkbox"/> DEPT. CLEARED <input type="checkbox"/> UNFOUNDED					REPORT DATE 03-22-13
	REPORTING OFFICER Det. T. A. Lewis					NUMBER 18842
	APPROVING OFFICER <i>L. R. Hunter</i>					NUMBER 10946
	WHITE/RECORDS <input type="checkbox"/> CANARY/COMPUTER <input type="checkbox"/> PINK/CID <input type="checkbox"/> GOLDENROD/CLEARANCE REPORT <input type="checkbox"/>					070101

AGENCY ID (ORI)

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CLAYTON COUNTY POLICE
SUPPLEMENTAL - PERSONS

CASE NUMBER

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☐ CORRECTED REPORT☐ ORIGINAL REPORT☒ SUPPLEMENTAL REPORT

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☐ SUSPECT INFORMATION☒ JUVENILE INFORMATION☐ OTHER CONFIDENTIAL

PERSON # 1	SUSPECT	NAME	RACE	SEX	AGE	DATE OF BIRTH
	<input type="checkbox"/>	[REDACTED]	B	F	14	[REDACTED]
	OFFENDER	STREET ADDRESS	RESIDENCE NUMBER	BUSINESS NUMBER		
	<input type="checkbox"/>	[REDACTED]	/	/		
	VICTIM	CITY	STATE	ZIP CODE	LICENSE OR I.D. #/STATE ISSUED	EMPLOYER OR OCCUPATION
	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	/	/
	WITNESS	IF INDIVIDUAL IS A JUVENILE, PROVIDE PARENT NAME AND PHONE NUMBER BELOW:				
	<input type="checkbox"/>	[REDACTED]				
COMPLAINANT	ADDITIONAL INFORMATION:					
<input type="checkbox"/>	[REDACTED]					
JUVENILE						
<input checked="" type="checkbox"/>						
WANTED	OFFENDER CHARGES / ADDITIONAL CHARGES					
<input type="checkbox"/>	[REDACTED]					
WARRANT	[REDACTED]					
<input type="checkbox"/>	[REDACTED]					
ARREST	[REDACTED]					
<input type="checkbox"/>	[REDACTED]					

COMPLETE THE FOLLOWING FOR SUSPECT, OFFENDER, AND MISSING PERSONS ONLY

HEIGHT	WEIGHT	HAIR	EYES
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

COUNTS	OFFENSE CODE	OFFENSE/ARREST	JURISDICTION
[REDACTED]	[REDACTED]	[REDACTED]	1. CITY
[REDACTED]	[REDACTED]	[REDACTED]	2. COUNTY
[REDACTED]	[REDACTED]	[REDACTED]	3. STATE
[REDACTED]	[REDACTED]	[REDACTED]	4. OUT OF STATE
[REDACTED]	[REDACTED]	[REDACTED]	5. UNKNOWN

PERSON # 2	SUSPECT	NAME	RACE	SEX	AGE	DATE OF BIRTH
	<input type="checkbox"/>	[REDACTED]	B	F	14	[REDACTED]
	OFFENDER	STREET ADDRESS	RESIDENCE NUMBER	BUSINESS NUMBER		
	<input type="checkbox"/>	[REDACTED]	/	/		
	VICTIM	CITY	STATE	ZIP CODE	LICENSE OR I.D. #/STATE ISSUED	EMPLOYER OR OCCUPATION
	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	/	/
	WITNESS	IF INDIVIDUAL IS A JUVENILE, PROVIDE PARENT NAME AND PHONE NUMBER BELOW:				
	<input type="checkbox"/>	[REDACTED]				
COMPLAINANT	ADDITIONAL INFORMATION:					
<input type="checkbox"/>	[REDACTED]					
JUVENILE						
<input checked="" type="checkbox"/>						
WANTED	OFFENDER CHARGES / ADDITIONAL CHARGES					
<input type="checkbox"/>	[REDACTED]					
WARRANT	[REDACTED]					
<input type="checkbox"/>	[REDACTED]					
ARREST	[REDACTED]					
<input type="checkbox"/>	[REDACTED]					

COMPLETE THE FOLLOWING FOR SUSPECT, OFFENDER, AND MISSING PERSONS ONLY

HEIGHT	WEIGHT	HAIR	EYES
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

COUNTS	OFFENSE CODE	OFFENSE/ARREST	JURISDICTION
[REDACTED]	[REDACTED]	[REDACTED]	1. CITY
[REDACTED]	[REDACTED]	[REDACTED]	2. COUNTY
[REDACTED]	[REDACTED]	[REDACTED]	3. STATE
[REDACTED]	[REDACTED]	[REDACTED]	4. OUT OF STATE
[REDACTED]	[REDACTED]	[REDACTED]	5. UNKNOWN

ADDITIONAL INFORMATION

CLEAR

CASE STATUS: ☒ ACTIVE☐ CLEARED BY ARREST☐ EX. CLEARED☐ DEPT. CLEARED☐ UNFOUNDED

REPORT DATE

03-22-13

REPORTING OFFICER

DET. T. A. LEWIS

NUMBER

18842

APPROVING OFFICER

L. R. HUNTER

NUMBER

10996

WHITE/RECORDS ☐CANARY/COMPUTER ☐PINK/CID ☐GOLDENROD/CLEARANCE REPORT ☐

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CLAYTON COUNTY POLICE SUPPLEMENTAL - PERSONS

CASE NUMBER

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☒ SUSPECT INFORMATION☐ JUVENILE INFORMATION☐ OTHER CONFIDENTIAL

PERSON #	SUSPECT	NAME			RACE	SEX	AGE	DATE OF BIRTH
	<input checked="" type="checkbox"/>	Hill, Craig Alexander			B	M	23	
	OFFENDER	STREET ADDRESS			RESIDENCE NUMBER		BUSINESS NUMBER	
	<input type="checkbox"/>							
	VICTIM	CITY	STATE	ZIP CODE	LICENSE OR I.D. #/STATE ISSUED		EMPLOYER OR OCCUPATION	
	<input type="checkbox"/>						Unemployed	
	WITNESS	IF INDIVIDUAL IS A JUVENILE, PROVIDE PARENT NAME AND PHONE NUMBER BELOW:						
	<input type="checkbox"/>							
PERSON #	COMPLAINANT	ADDITIONAL INFORMATION:						
	<input type="checkbox"/>							
	JUVENILE							
	<input type="checkbox"/>							
	WANTED	OFFENDER CHARGES / ADDITIONAL CHARGES			COUNTS	OFFENSE CODE	OFFENSE/ARREST	JURISDICTION
	<input type="checkbox"/>							1. CITY 2. COUNTY 3. STATE 4. OUT OF STATE 5. UNKNOWN
	WARRANT							
	<input type="checkbox"/>							
ARREST								
<input type="checkbox"/>								

COMPLETE THE FOLLOWING FOR SUSPECT,
OFFENDER, AND MISSING PERSONS ONLYHEIGHT
603WEIGHT
230HAIR
blkEYES
bro

PERSON #	SUSPECT	NAME			RACE	SEX	AGE	DATE OF BIRTH
	<input type="checkbox"/>							
	OFFENDER	STREET ADDRESS			RESIDENCE NUMBER		BUSINESS NUMBER	
	<input type="checkbox"/>							
	VICTIM	CITY	STATE	ZIP CODE	LICENSE OR I.D. #/STATE ISSUED		EMPLOYER OR OCCUPATION	
	<input type="checkbox"/>							
	WITNESS	IF INDIVIDUAL IS A JUVENILE, PROVIDE PARENT NAME AND PHONE NUMBER BELOW:						
	<input type="checkbox"/>							
PERSON #	COMPLAINANT	ADDITIONAL INFORMATION:						
	<input type="checkbox"/>							
	JUVENILE							
	<input type="checkbox"/>							
	WANTED	OFFENDER CHARGES / ADDITIONAL CHARGES			COUNTS	OFFENSE CODE	OFFENSE/ARREST	JURISDICTION
	<input type="checkbox"/>							1. CITY 2. COUNTY 3. STATE 4. OUT OF STATE 5. UNKNOWN
	WARRANT							
	<input type="checkbox"/>							
ARREST								
<input type="checkbox"/>								

COMPLETE THE FOLLOWING FOR SUSPECT,
OFFENDER, AND MISSING PERSONS ONLY

HEIGHT

WEIGHT

HAIR

EYES

ADDITIONAL INFORMATION	

CLEAR	CASE STATUS:	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EX. CLEARED	<input type="checkbox"/> DEPT. CLEARED	<input type="checkbox"/> UNFOUNDED	REPORT DATE	03-22-13
	REPORTING OFFICER	NUMBER			APPROVING OFFICER	NUMBER		
	Det. T. A. Lewis	18842			<i>Lt. R. Hunter</i>	10946		
	WHITE/RECORDS	<input type="checkbox"/>	CANARY/COMPUTER	<input type="checkbox"/>	PINK/CID	<input type="checkbox"/>	GOLDENROD/CLEARANCE REPORT	<input type="checkbox"/>

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